

# *Orange Scholarship Fund Association*

## Application Requirements/Information

### **ELIGIBILITY:**

Orange resident enrolled in public, private, parochial school entering his/her first year of post-secondary education.

### **TYPES OF QUALIFYING POST-SECONDARY EDUCATION:**

Vocational, community college, four year college or university

### **REFERENCES:**

Two references required (excluding relatives) - One must be from a school counselor or teacher

**TRANSCRIPT:** Transcript MUST be sent from your school. Speak to your guidance counselor to assure this is done by the deadline date (see Submission of Information below).

**CRITERIA FOR SELECTION:** Financial need - scholarship - leadership

**COMPLETE ALL FORMS WITH PEN CONTAINING "BLACK INK" – PRINT OR TYPE EVERYTHING – no cursive writing.**

### **LEADERSHIP ROLE(s):**

Complete the Leadership Role Form for only those groups, clubs, or organizations in which you have demonstrated leadership.

### **SCHOLARSHIPS AVAILABLE, AND AMOUNTS:**

1. Ashlie Krakowski Scholarship total amount to be awarded will be \$5,000 in 2024. Applicants interested in pursuing academic studies in the field of Nursing or related health care fields.
2. Additional awards will be made depending on annual fund raising and total number of awards are based on number of applications received.

### **DELIVERY OF SCHOLARSHIP FUNDS:**

Scholarship checks will be mailed to the post-secondary institution that the student will be attending.

**APPLICATION DEADLINE DATE: April 22nd.** Late or incomplete applications will NOT be processed. Applicant is responsible for submission and verification of **ALL** requested information (references, transcripts, application forms) and mailing thereof by the due date.

### **SUBMISSION of INFORMATION:**

All application materials:

email to [info@orangescholarshipfund.com](mailto:info@orangescholarshipfund.com)

or mail to Sabra Donovan  
390 Lambert Road  
Orange, CT 06477

**Parents:** Submission of your Federal Tax Form ( Pages 1 and 2 of Form 1040) is required to substantiate income data. All tax forms are maintained as confidential and destroyed soon after the scholarships are awarded.

## *Orange Scholarship Fund Association*

Student Application Form – Page 1

Name of Applicant \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Phone No. \_\_\_\_\_ Social Sec. No. \_\_\_\_\_

Work Experience – (1) Place of work	(2) Duties	(3) Dates
1 _____	2 _____	3 _____
1 _____	2 _____	3 _____
1 _____	2 _____	3 _____

Brief statement concerning your education goal: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

School Activities: See Student Activities Form.

Leadership Roles: See Leadership Role Form.

Do you plan to work while attending college? Yes \_\_\_\_\_ No \_\_\_\_\_

College/University applied to: \_\_\_\_\_

College/University accepted to: \_\_\_\_\_

Intended major – if known: \_\_\_\_\_

What have you done to acquire information/experience in the above area of interest? If the area of interest is unknown at this time, leave blank.

\_\_\_\_\_  
\_\_\_\_\_

What do you hope to achieve by enrolling in your post-secondary school? \_\_\_\_\_

\_\_\_\_\_

Name of other scholarships or financial aid programs you have or will apply for:

\_\_\_\_\_

Name of other scholarships or financial aid programs you were awarded and dollar amount:

\_\_\_\_\_

**ORANGE SCHOLARSHIP FUND ASSOCIATION**  
**Student Application Form – page 2**

Your current total savings /investments (include bank accounts, stocks, bonds)  
\$ \_\_\_\_\_

Anticipated earnings this summer: \$ \_\_\_\_\_

Financial aid needed for the coming school year: \$ \_\_\_\_\_

Of all the students who will apply for financial assistance through the Orange Scholarship Fund, why should you be selected? \_\_\_\_\_

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Note: If there is any additional pertinent information that would aid the committee in its deliberations please attach a separate sheet.

I certify that the answers given above are complete and accurate.

Student's signature \_\_\_\_\_ Date \_\_\_\_\_

**Student Additional Pertinent Information Form**  
**To be completed by the student if needed**

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*Orange Scholarship Fund Association*  
**Student Activities and Leadership Role Form**  
School or Community

Briefly list activities or organizations, in or out of school in which you have participated. Describe the activity, the dates you were involved and the nature of your commitment as well as your leadership role.

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Orange Scholarship Fund Association

## Parental Form – to be completed by the parent(s)

Name of parents:

Father \_\_\_\_\_

Mother \_\_\_\_\_

Name of guardian \_\_\_\_\_

	Employer	City, State	Full or Part time
Father	_____	_____	_____
Mother	_____	_____	_____
Occupation:	Father _____	Mother _____	_____

**Financial Disclosure -** *Please attach a copy of pages 1 and 2 (Form 1040) of last year's Federal Income Tax* Return. All information will be kept confidential. Form 1040 will be destroyed soon after scholarships are awarded. Social Security Number can be redacted by you for your confidentiality.

### Adjusted Gross Income from Federal Income Tax Return

	Last Year	This Year Estimated
Joint Return	\$ _____	\$ _____
<b>Or</b>		
Individual Ret (Father)	\$ _____	\$ _____
Individual Ret (Mother)	\$ _____	\$ _____

Briefly describe non-insured medical expenses for the next twelve (12) months.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Own home? Yes \_\_\_\_\_ No \_\_\_\_\_ Mortgage amount on home \$ \_\_\_\_\_

Total savings and investments (include bank, stocks, bonds, trusts) \$ \_\_\_\_\_

Number of children \_\_\_\_\_ Age of each child \_\_\_\_\_

Provide an explanation why this application for your child's scholarship aid should be granted. Include personal circumstances as pertinent to this request for assistance. Attach a separate sheet.

Indicate the sources from which you will meet your child's tuition for the first year.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signatures: Father \_\_\_\_\_ Mother \_\_\_\_\_



*Orange Scholarship Fund Association*  
**Requirement Forms Checklist**

Please initial after each line below indicating you have completed and submitted that section of your application. This checklist with all required forms/letters/information **MUST** be attached for application submission.

- 1. Application Form - Page 1 & 2; completed, signed and attached \_\_\_\_\_  
Initials
- 2. Student Additional Pertinent Information Form - completed (if necessary) \_\_\_\_\_  
Initials
- 3. Student Activities / Leadership Form - completed and attached \_\_\_\_\_  
Initials
- 4. Reference Letter I - Requested from \_\_\_\_\_  
Initials
- 5. Reference Letter II - Requested from \_\_\_\_\_  
Initials
- 6. Transcript- Requested from \_\_\_\_\_  
Initials

Request the Reference Letter I, Reference Letter II and transcript to be sent prior to the application deadline:

email to      [info@orangescholarshipfund.com](mailto:info@orangescholarshipfund.com)

or mail to      Sabra Donovan  
390 Lambert Road  
Orange, CT 06477

- 7. Parental Form completed and attached \_\_\_\_\_  
Initials
- 8. Parental Supplemental Page completed (if necessary) \_\_\_\_\_  
Initials
- 9. Federal Income Tax Form - Pg. 1 & 2 of Form 1040 (latest year)  
See item 6 above as to where to send this form \_\_\_\_\_  
Initials

Applicant must print and sign below to indicate that he/she understands and has completed the above checklist.

Late or incomplete applications will **NOT** be processed.

\_\_\_\_\_  
Printed name of applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date